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ABSTRACT

The problems of youth have in the past attracted considerable concern. The long-term program of the European office of the World Health Organization includes a whole range of activities in this field. The Working Group was convened to review the activities, organization and staffing of youth advisory services. Their report recommends that these services, although initially focused on special problems, should increase and broaden their objectives in terms of primary prevention, and develop other forms of community, vocational, social, recreational and self-help programs. Financing from government bodies should not be used as a policy-determining factor. Evaluation of youth advisory services should be done by outside experts taking into consideration the experience and opinions of consumers and staff. (BN)

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# YOUTH ADVISORY SERVICES

## Report on a Working Group

Lübeck
12-16 May 1975

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Note

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The views expressed are those of the participants in the Working Group and do not necessarily represent the decisions or the stated policy of the World Health Organization.

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This report is also available in French and Russian.

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## 1. INTRODUCTION

The problems of youth have in the past decade attracted considerable concern, since young people in personal crisis situations often react against society and manifest their distress in the form of protest, alienation and difficult behaviour. A realistic appraisal of the problems has to be made if society is to respond appropriately with the development of a range of resources, both preventive and rehabilitative.

The long-term programme in mental health of the Regional Office for Europe of the World Health Organization includes a whole range of activities in this field, in particular studies on the mental health of young people, drug abuse, deviant social behaviour and delinquency, and suicide and attempted suicide; in the wider context, it embraces health education and community mental health services (1, 2, 3, 4, 5, 6).

The Working Group was convened in the context of these initiatives to review the activities, organization and staffing of youth advisory services and to consider their role in prevention and intervention, and their relationship to other services for youth. The Working Group was attended by 15 temporary advisers from 11 European countries. The Group consisted of psychiatrists, lawyers, psychologists, sociologists, social workers and public health administrators, (for list of participants see Annex II).

On behalf of Dr Leo A. Kaprio, Director, WHO Regional Office for Europe, Dr M. Postiglione, Chief, Disease Prevention and Control, welcomed the participants. Dr Boroffka was elected Chairman and Dr Pamela Mason was appointed Rapporteur. The agenda of the Working Group is given in Annex I.

A study report[1] on visits to 11 countries by two consultants formed the basis for the programme. It noted in particular that these services are newly developing, have been documented to a limited extent only (7, 8, 9, 10, 11, 12, 13) and are only in the preliminary evaluation stage (14, 15).

The discussion took account of the rich experience and detailed knowledge of various professionals working at different levels from street corner to government department and enabled the Working Group to look at major issues of current ideological and national concern and the interplay between practice and policy development.

The report which follows endeavours to combine a descriptive account with a theoretical exposition of some of the broader issues that have contributed to the conceptual framework underlying the processes of service.

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[1] Study on Youth Advisory Services

development and delivery. Thus, attention has been directed to issues of concern and controversy, potentials for growth and the need to consider the development of new responses to the problems of youth in a changing society.

## 2. YOUTH - A PERSPECTIVE

### 2.1 Youth in society

Youth presents a dilemma and a challenge to society, bearing as it does the burden of the past and the promise for the future. Youth is a critical period in human development, with profound changes, physical, psychological and social, taking place in the context of the young person's relationship with his family and his environment. Maturation is affected by the doubts, disorder and rapid change in society as a whole and is shaped by socioeconomic and cultural conditions. In the past this period was identified by certain customs, rules and beliefs, and although it has always been, to a lesser or greater extent, a time of turmoil, one generation has succeeded another with a reassuring continuity of experience.

However, since the end of the forties, through the fifties and then with dramatic explosion through the sixties and increasingly in the seventies there have been changes of a rapid and radical nature that have had far-reaching effects on the whole fabric of society.

Technology has made the world seem smaller; the increasing size of organizations has made power seem remote; the natural beauty of the land is being destroyed; urban living has become uninspired; and a consensus of opinion is formed not so much by personal experience as by the mass media. Family life is no longer patriarchal but parliamentary, with debate and argument spilling over into schools, universities and institutions. The increasing dissemination of liberal views has further activated the social conscience, but man, diminished by his environment, feels less able to intervene except in extreme and violent ways.

For young people, too, a crisis of authority; where traditional values no longer seem to have relevance, so that life experience itself is seen as a source of authority. Youth has adopted a vocal and questioning attitude towards these changes, its behaviour reflecting the changing tensions and trends in present-day society.

### 2.2 Youth culture

From the events in the adult world a youth culture has emerged that is highly critical of that world. It sees life as meaningless, materialistic and rooted in outmoded ways of thought. Young persons have developed their own life-style, expressed in their appearance, speech, behaviour

and attitudes. Pop, as their specific new art form, has been a symbol and a bond, music giving public expression to their beliefs and values. They are "with-it" in their style, open in their relationships with their peers and unconventional in their living arrangements. They seek a creative awareness through colour, music, lights and noise as well as through psychedelic drugs and meditation.

They protest at what they see as the violation of the environment and the moral and physical pollution around them, they condemn the competitive consumer-orientated society and seek a new meaning, a new religion and new relationships. Deeply concerned about the encroachment of bureaucracy on human liberties, they are altruistic, caring and concerned, and are anxious for a place in society that recognizes them as having much to contribute.

This youth culture has assumed considerable importance because of the large number of its adherents, its impact on affairs, its financial power as a consumer group, as a target for the mass media and because of its growing tide of radicalism and its insistent criticism of society.

## 2.3 Problems

Distress and disturbance have their origins in the conflict of the young with both internal factors and external happenings. Psychological and social factors have to be considered together and youth must be seen as a critical phase in development, when special maturational tasks and inner changes and concerns are played out against the environment and family background. There is an internal dissonance, a shift in relationships and an altered perception of self. These, together with increasing educational and social demands, give rise to a crisis of identity. The young person has to come to terms with his family, his abilities and his inabilities, his sexuality and aggressive drives and establish his role through reality-testing and the acquisition of skills, competence and confidence.

Young people in crisis, unable or unwilling to adapt and adjust, show their disturbance in a variety of ways. These may include such symptoms as difficulties in relationships at home, at school or at work; loss of confidence, anxiety, depression, isolation, suicide and attempted suicide; also anti-social behaviour and drinking, drug taking, delinquency, sexual difficulties, dropping out, disenchantment, violence and challenge of authority.

The majority of young people achieve maturity without severe stress and trauma and most of those who do experience difficulties of some kind cannot be seen as mentally ill. A diagnosis of illness is, in fact, seen as a stigma and is feared by young people. Disturbance is to be seen, then, as part of a social process of interaction between a person and his environment.

Disturbed behaviour should be regarded not as a sickness but as a response to stress; attention should therefore be focused not on pathology

but on areas of growth. Stress can play its part in a positive growth experience if dealt with successfully, but if resolved unsuccessfully, can lead to self-defeating behaviour, unhappiness, delayed maturity and predisposition to mental breakdown and illness. The identification of and response to problems at an early stage or at crisis points is needed to prevent further failures in social and personal functioning and happiness.

All young people experience problems to some degree, but if these problems are to be met effectively certain groupings must be defined which draw attention to the different needs and service implications that exist.

(1) General groups

(a) majority of young people with general needs and willing and able to seek help

(b) some with general needs but vulnerable, inarticulate and unable to seek help

(2) Those in touch with services

(a) those already labelled ill, maladjusted, handicapped

(b) those defined as deviants, drug takers, drinkers, delinquents, some of whom are too disruptive for existing services, and so excluded

(3) Those not in touch with services

(a) those who by conscious choice have opted out

(b) the disadvantaged, who have dropped out and have been denied access to legitimate goals, pleasures and rewards within society.

2.4 Intervention

Intervention may involve the use of a variety of different approaches and techniques, by a variety of staff in differing situations. It may be short-term or long-term, with or without legal processes; the young person may remain in the community or be placed in an institution. These measures, both general and special, of a sociocultural, educational, psychological and medical nature, are often loosely called treatment, sometimes giving intervention a spurious validity. The aim is to enable the individual to develop a sense of identity, his full potential and a degree of emotional maturity and stability, so that he may function in a way that is socially acceptable and personally satisfying.

Intervention has been used not only for the good of the individual but also for the protection of society, and seeks to change and control

behaviour. With increased knowledge and the growth of liberal ideas, treatment was added to the concepts of care and control. Young people have been seen either as sick and needing treatment, or as sinful and needing punishment, and the debate has centred around the following questions: Are the young sinned against or sinning? Who is the victim and who is the offender? However, the awareness that personal distress and disorder are rooted in the interaction between the individual and his social setting has been accompanied by increasing pressure to identify and remedy the social aspects of personal disturbance through social intervention. This theoretical understanding has led to different types of intervention being offered by various organizations, such as the following:

(a) traditional organizations, with changing methods, offering personal help;

(b) organizations offering personal help and seeking to change society;

(c) organizations seeking to bring about radical changes in society;

(d) organizations offering new ways of individual help and community action.

Young people add to the controversy about social care, control, treatment and social action by directing attention to the ethics of intervention, by asking on what grounds, by what right and with what methods and effect does society intervene in their lives. These theoretical issues have implications for the processes of help that may be set up; they have a bearing on the validity of traditional services that have been set up in the past and they also influence the nature of new services that are developing.

2.5 Need for new approaches

Various factors have contributed to the development of new services during the last ten years. Both informed public opinion and increasing professional awareness have made it plain that society needs to react in new and more imaginative ways to the dilemma and turmoil of youth. The increasing complexity of life and the need for young persons to make choices and to take informed decisions have led to a growing demand for factual information on practical issues. The breakdown of the extended family, greater family mobility and diminishing community ties and constraints have increased the need for counselling and professional advice. Services for children and adults have developed to include young people, but in neither case has this been successful in providing a youth-orientated service. Even traditional services for youth have been relatively scarce and those that do exist have in many cases been unable or unwilling to change sufficiently to respond adequately to these newly perceived needs. Apart from services that exist for some groups, it has become of increasing concern that those most in need are least able to make use of any services. There is a positive need to reach out to young people in their own

surroundings or in surroundings that they can accept, realizing that vulnerable high-risk groups do have serious problems that have not been tackled to any great extent. Increasingly, also, administrative and professional people and those in public life have had the mixed pleasure and pain of experiencing contemporary youth at first hand in their own families, of being confronted in debate and discussion and urged to share the concern over conditions in society expressed by highly articulate young people. It could be said that young people themselves have turned away from traditional agents offering help and have themselves ultimately provoked and demanded participation in new solutions of a non-traditional nature, the so-called "innovative services" offering "alternative help", or "youth advisory services", which has become a general term to include a fascinating variety of forms of community response.

## 3. TRADITIONAL SERVICES

Society responds to the needs of youth in as far as it is aware and sensitive to the problems. Patterns of care are determined by the ends sought by society and have traditionally been provided through education, social work, judicial and health organizations and voluntary bodies. They have been based on education-training; social-welfare; law-control and medical-treatment models, and have been fashioned by public opinion, professional knowledge and political considerations.

Before examining new services it is necessary to look in general at these traditional services, and to take note of developments within their conceptual and structural framework.

3.1 Education authorities provide both general and special educational facilities for the handicapped. In the schools current debate is centred around the nature and manner of education, the need for humanities studies, social and moral education for living and the desirability of joint learning with adults as well as the straightforward academic transference of knowledge. There is, however, a crisis in authority, particularly in senior schools, colleges and universities, where the young seek participation and the possibility of self-direction, so that institutions of learning can become places for the development of an individual as well as for taking examinations. Schools are responding and are developing school counselling, careers advisory and counselling services and pupil participation. These newer developments are, however, progressing slowly, in the face of opposition from those who do not see the need for change, or who are not involved in planning and undertaking the processes of change.

Youth clubs and leisure and sports activities have also been developed by education authorities. It has been in this area particularly that a growing concern has arisen over those who do not seek out or use the opportunities provided, whether from lack of knowledge or motivation or out of distrust of adults.

3.2 Social welfare services have concerned themselves with meeting a range of material, social and personal needs for people in distress and particularly for certain groups such as the young, the elderly, the handicapped and families under stress. They have provided homes, hostels, and specialized community centres and residential institutions. Many problems facing people are not only those of a practical nature but rather problems of personal relationships and the inability to cope, all within the context of current social conditions. Social workers seek to play a preventive role in reducing family tensions by modifying adverse relationships between husband and wife and children and through general support so as to help the family to manage more effectively. However, as the causes of much disturbance have come to be seen in conditions in the neighbourhood and society, so there has been a shift of emphasis from meeting the needs of the individual to a consideration of his whole social condition. This has led to social workers seeing themselves more as organizers of community action and spokesmen of the under-privileged than as case-workers. Their initiatives have resulted in community developments and action groups being set up for groups of people in need, alongside more traditional social work services.

3.3 Judicial services

This is an imprecise term which, in the context of this report, seeks to cover those aspects - law-making, law enforcement, disposal and treatment - of a deviancy control service that operates for youth. Most countries have within their judicial or social welfare systems, and often defined very differently, some specialized services and institutions for youth which have tried to be reformative, rehabilitative and therapeutic, although others have been authoritarian, highly structured and inflexible.

As in the social services there is considerable debate here about the nature of delinquency and deviancy and the forms of legal control and types of service that should be developed. To deviate is to violate the normal, but there is no absolute concept of normality so definitions present a problem. It may be defined in legal, psychological, social, moral, ethical terms, but is subject to continual redefinition by cultural variability and change.

There is concern also about the labelling process, i.e., about who makes the laws, defines the rules, and with what aims. This process has implications for people's response to an act, by and against whom it is committed and in what circumstances. There is an increasing trend of decriminalization, of removing progressively more aspects of deviant

behaviour from the criminal code, and developing treatment that is seen as working towards depenalization, that is, of taking treatment out of rigid, remote institutions and into the community. As understanding of the roots of behaviour and deviant behaviour grows, it is inevitable that the community, which is seen as contributing to delinquency, should be the place in which society seeks to come to terms with its own delinquency. So-called community relations projects, community service orders and the use of suspended sentences and intermediate treatment and juvenile police liaison schemes in the community are increasing, their use being viewed with enthusiasm and at the same time with caution.

3.4 Health services

These have developed to a high technological level with advances in medicine and are available to all people at varying degrees of cost, either direct or indirect. With the increasing awareness of youth problems it has become apparent to family doctors, and to specialists in hospital services, that a young person presenting with physical complaints often has underlying personal problems that are inextricably part of the picture. This is particularly so with those needing treatment for psychosomatic conditions, gynaecological and obstetric conditions (abortion, pregnancy), venereal diseases, drug taking and drinking. Doctors are concerned about the need for counselling and wonder whether they should alter their work methods to make this practicable and possible within their own service or press for a specialized counselling service to which they could refer patients. Many new initiatives have stemmed from the fact that workers with these special groups realized that their needs were only being partly met; in fact, in some countries initiatives with drug takers have formed a real basis for new approaches.

3.5 Mental health services for adolescents have been developing slowly, but workers in special outpatient, inpatient and day-patient facilities and longer-stay therapeutic units have developed a considerable knowledge and understanding of disturbance during adolescence and are contributing a great deal in traditional settings. Treatment may include drug treatment or individual and group psychotherapy, family therapy and also social, behavioural and environmental therapy. Such workers have also been instrumental in setting up special innovative services, realizing that many adolescents do not seek help for fear of madness, or because help seemed unavailable or because parents and teachers were often unaware of the depth and extent of disturbance, tending to see symptoms as part of a passing phase. They have been interested in looking for signs of early vulnerability and have suggested a variety of ways of offering help.

Mental health specialists and doctors working with young people have been active in changing the use of the medical model of illness, recognizing that disturbance or distress occurs as a result of the interaction of factors in the individual and his environment and that care should be aimed at improving social functioning. The concepts of social and community

psychiatry are increasingly important; doctors are working alongside other professionals to bring about the interweaving of mental health services into the fabric of the locality. There is a growing understanding of the use of multidisciplinary teams and the role of the community.

### 3.6 Voluntary organizations

In the past these have played a complementary role to traditional services by providing for those needs that were unmet by statutory organizations. They were able to do this with a freedom that allowed them to work ahead of the field and point the way for acceptance of their role and functions. They have produced imaginatively run and relatively informal ventures that have attracted youth because of their independent stand, and have pioneered the development of skilled self-help organizations such as Marriage Guidance Clinics and the Samaritans. These organizations have recently been changing. Long experience in meeting the immediate needs of problem groups and allowing statutory bodies to escape some of their responsibilities has made them deeply aware of social problems. They are now seeing their role as one of campaigning to establish the rights of people and to draw attention to the root causes of problems. They claim that they are seeking to challenge the very factors that brought them into existence.

### 3.7 General features

Traditional services are planned on a politico-economic basis and located to suit administrative factors. Technical manoeuvres such as waiting lists, appointments and hours of opening tend to bureaucratize visits and suit the agency rather than the client. They are arranged to give specific services and show demarcation of services according to labels or professions without meeting the needs of the total person. (These views were purposely stereotyped to show some of the difficulties.) In fact, traditional services are changing and much of the impetus in seeking new solutions has come from those members of their staff working closely with youth, who have felt hampered by policy and operational constraints and long planning procedures which make for inflexibility. In their experience, young people see these services as taking a detached, external, judgmental view of them and feel trapped in an authoritarian process that is unmindful of their needs; hence, they acknowledge that traditional services are those services to which young people do not turn.

## 4. YOUTH ADVISORY SERVICES

### 4.1 Definition

A youth advisory service was defined for the purpose of the Working Group as:

> "a service focussed on adolescents and young people to provide advice and assistance. In some way, such services commonly make use of professional personnel (perhaps only on a consultant basis) and are aimed at finding solutions within the community, either through traditional service structures, through alternatives to classical institutions, or through specialized settings. They are characterized by their flexible organizational basis and by attempts to facilitate access and availability, and may offer a variety of assistance such as information, advice, education, counselling, treatment and referral. Contacts may be anonymous and informal. The emphasis is on the process of delivering a certain kind of service, not on a particular structure or organization".

### 4.2 Description

These new services have names that describe their functions graphically. There are centres offering a meeting place and new experiences ("New Horizon"), located centrally in the town("Centre Point"), easily accessible ("Walk-In"), inviting ("Open-Door") and informal ("Drop-In"). They promise confidentiality ("Off the Record") and advertise in special papers ("Use-It"). There are night telephone services ("Line of Confidence") and day-and-night meeting places ("Contact Centre", "Kaleidoscope"). They provide information, ("Info" and "Jugend-Kiosk") and advice ("Helping Hand"), legal advice ("Release"), psychosexual information and counselling ("Sextact"), medical care ("Free Clinics") and advisory and counselling services ("Psycho-Jeunes").

They give practical help with accommodation lists and beds ("Sleep-In"), employment help to the unemployed in deprived areas ("Lighthouse") and street corner contacts ("Grapevine"); They provide cultural opportunities and theatre groups ("Like Me"), sex education plays for discussion ("My mother said I never should") and a telephone "listening service" manned by staff who say that they are not experts, just friends.

### 4.3 Users and their problems

The ages vary widely from 12 to over 30 years, the majority being between 16 and 21 years, with roughly equal sex representation. Contacts average 1 - 4 visits, although a few may extend over a longer period.

Problems presented may be grouped as follows:

(a) practical matters - accommodation, unemployment, social benefits;
(b) information requests - sociocultural events, travel, education, work;
(c) legal problems - concerning legal rights and relationship with police, courts and institutions;
(d) relationship difficulties - with family, peers, opposite sex, adults and including problems of young parents and their children;
(e) school- and work-related difficulties - seeking advice on education, further education and career decisions; also failure at school or work, poor concentration;
(f) medical and psychosomatic problems - including difficulties with eating, sleeping and a variety of physical ailments;
(g) drug and alcohol dependence - crisis, intoxication and physical and social distress;
(h) psychosexual problems - contraception, pregnancy termination, pregnancy, venereal diseases and functional sexual difficulties;
(i) psychosocial problems - anxiety, loneliness, lack of confidence, depression, suicidal feelings;
(j) social difficulties - both of personal and community concern, alienation, delinquency, deviancy and aggresive feelings.

4.4 Some kinds of services provided

Services differ widely and have developed from various points of departure in traditional services, voluntary organizations and self-help initiatives. They have varied very much from country to country and from time to time, depending on public opinion, social awareness, economic pressures, professional attitudes and political considerations.

The Study Report[1] contains a considerable amount of detail about a number of developments in each of the countries visited, and this information was added to by members of the Working Group. What follows is in no way an attempt to describe particular centres in any detail, but rather to collate this experience and describe and define broadly different types of service that have developed and exist today, the accent being on the type of service offered rather than the organization. This was not easy, since the type of centre and the kind of services provided have not developed according to any clear pattern. Both centres and services have been given descriptive modern terms and the terminology has been confused so that the definition of a function may be difficult or blurred. The range of functions or the kind of service that may be provided are therefore described. One centre may concentrate on one particular service, while others may provide several.

[1] Study on Youth Advisory Services

4.4.1 Out-reach

This term is used to describe those services that seek to engage with youth on street corners, in coffee bars, council flats, vacant lots, railway stations and docks. It is in these settings that those from the less privileged sections of society may be contacted and possibly helped, since they otherwise would be unlikely to seek help or make contact by their own initiative because of fear, lack of motivation or hostility. These activities have originated from social services and voluntary organizations, and are increasingly seen as offering a most vital service.

4.4.2 Emergency telephone services

These have developed more specifically for young people following experience with suicide prevention schemes and psychiatric emergency lines, and have also been set up in universities for students. They provide a 24-hour telephone reply service, where the caller may receive help and suggestions for action and be offered subsequent interviews if necessary.

4.4.3 Information services

These have developed from citizens' advice bureaus to meet the needs of the youth culture and to give information on places and events likely to appeal to or involve young people; cultural, leisure, recreational and political activities; and referral information on employment, housing and specialist counselling and medical services. The staff are not specially trained and make no claims to counselling; they give facts rather than advice.

4.4.4 Information and advisory service

This is an interesting development which presents as a service ostensibly for information but counselling is also available. It enables young people to seek information legitimately without having to formulate that a problem exists. Staff are trained to discern implicit problems underlying a more obvious practical problem. Advice is given on family, educational and personal matters to help the young person gain an understanding of his situation and to search for an appropriate solution.

Certain other advisory services can be included in this group, in that they offer advice using a variety of professionals in the fields of law, medicine, psychiatry, social work and teaching.

4.4.5 Legal advice service

This is provided by groups of lawyers brought together in response to difficulties experienced by drug users with the police and the court system. They act as advocates for the legal rights of young people involved with the law and in some countries this has been extended to include advice

on people's rights to social welfare benefits, and liaison with those who have run away from institutions. In general, this kind of help may be available in a wide range of advisory services and, more specifically, in a few services set up by lawyers.

4.4.6 Advisory and counselling services

There are two different types; those employing a range of professionals already working in advisory professions, and those employing volunteers and non-professionals, all of whom receive specific training in counselling. They seek to give not advice, but counselling, a new form of professional inter-personal help which is non-directive and client-centred. They aim to achieve understanding with the young person, so as to enable him to make decisions and to accept responsibility for his life. They make use of a variety of activities such as group discussions, group work, encounter groups and individual interviews. They receive support from professional workers on a consultancy basis.

4.4.7 Psychosocial counselling

These services have evolved from traditional psychiatric services and are staffed by psychiatric personnel, psychologists, psychiatrists, psychotherapists and specially trained social workers. They have developed skills in short-term psychodynamic counselling, and, although closely related to a psychiatric service, are provided in separate centres, in view of the difficulty that some disturbed young people have in seeking hospital help. They seek to lower the barriers of the therapeutic institution and to broaden the interaction between new initiatives and traditional ways.

4.4.8 Medical services

Specialized clinics for medical help and counselling were some of the first developments, when it was found that adolescents using adult services were given little help. In particular, clinics have been developed to offer general medical services (polyvalent clinics), services for those with venereal diseases and sexual difficulties and counselling on pregnancy and contraception; there are also drop-in rehabilitative clinics for drug takers and young alcohol drinkers. Staff involved in these services realized that special attitudes and a willingness to listen and give more than just a medical service were necessary and so pioneered and produced many new solutions.

4.4.9 Leisure, recreational and cultural activities

Developments have originated from traditional activities in youth clubs in an attempt to interest and work with alienated and marginal youth. Often these initiatives have come from religious and voluntary organizations and, more recently, through social services. The aim has been to promote arts and crafts, theatre workshops, sports, recreation and skilled leaders to engage with youth. Frequently these leaders have been

charismatic personalities who have worked successfully both in traditional services and in the "alternative society". They have often enlisted the help of street workers and staff of other institutions which cater for youth, offering opportunities for companionship and new creative experiences.

4.4.10 Educational and vocational guidance

These are provided traditionally by education authorities, but increasingly they are recognizing the need to change their orientation and the way in which they present themselves; for instance, instead of offices in local government buildings they are now using shop-fronts in the main street and seeking staff skilled in communicating with young people. Experiments are being made in providing work experience and work therapy as well as advice, counselling and sheltered workshops.

4.4.11 Welfare services

These offer practical help concerning accommodation and social security benefits which can be provided through local social welfare agencies. However, many youth advisory services are providing either extra practical information or helping the young to get these services more efficiently. In some cases hostels, lodgings and sleep-ins have also been developed.

4.5 Principles and practice

In examining these developments, which have been extremely diverse, the Working Group was particularly interested in attempting to define some of the underlying principles that have contributed to their effective development. It was stressed that an effective service results only from consideration of the need of a particular group, development of measures designed to meet the perceived needs, and steps to ensure that the service is appropriate, acceptable, accessible and available.

In fact, these services have developed from an acute need for a quick response to crises in relation to overt problems such as drug taking, inappropriate sexual behaviour, antisocial behaviour and more general practical crisis situations such as homelessness. There has been no real investigation into the nature and extent of problems in an adolescent population; there are no true prevalence rates, since often it cannot be decided what it is that is being measured.

These new services, however, see it as one of their functions to undertake epidemiological studies on the needs, attitudes and concerns of young people and their patterns of seeking help, and to evaluate ways of meeting those needs.

Young people in distress have a complexity of needs, social, family, educational, vocational, personal, recreational, sexual and medical, that cannot be met by any one organization or by any one group of professional

workers. Workers in many professions and disciplines have been involved and connexions have been needed with a wide range of services. The main concern has been to make services appropriate for young people. They need to be youth-orientated in style and approach, to reflect their aspirations and culture, to give an outlet for the expression of non-traditional values. The staff need to be non-authoritarian, non-judgmental and to be credible, approachable and trustable; above all, to be willing to be involved, to care, and to respond immediately.

In seeking to achieve these objectives, the operational policy has included the need for informality, flexibility, anonymity and maximum participation by the young people themselves. At the same time, with the emphasis on promoting the solution of crises rather than attaching labels of pathology, they have relied only very little on assessment and diagnosis and have tended not to make restrictions on their use, or to reject people for diagnostic reasons. This has, however, produced difficulties for staff. It is easier to attach a label than to attempt to meet all needs. Difficulties have arisen and some centres receiving many marginal cases have had to close down or have had to develop more clearly defined structures and set limits.

Criticisms have, of course, been levelled at some of these services. Staff have tended to think that they alone offer the only possible solution. This has led to isolation from other services and may even contribute to a further sense of alienation in those they seek to help. Another problem has been that, in minimizing diagnosis and the concept of pathology, they may have missed identifying special problems that need more specialized treatment and, in using the concept of the normality of crisis situations, have placed too much burden and stress on some who are quite unable to take decisions and act upon them unaided.

Generally speaking, young people wish to take part in discussion and debate and seek help in making up their own minds; they do not wish to have them made up for them. This imposes restraints on the interaction, since the wise adult will seek to make the level of decision-taking as nearly as possible at the level of maturity and inter-personal skills available to each individual. This has created areas of discussion about staff responsibility in a service that aims to treat young people independently from their parents, school and authority so that the young may avail themselves of the service without fear of being reported to parents or police or of being judged.

While seeing the client's interests as paramount the worker may not be able to balance personal obligations to his client and his duty to the agency or to society. Is it possible, or totally desirable, to remain ethically neutral, or should staff indicate moral issues on which they must make a stand?

4.6 Aims

These have been formulated in different ways and vary from centre to centre, but certain basic aims can be discerned, some or all of which have become part of such services.

The main aims are:

(1) to offer help and assistance which is both immediate and easily available; this may include information, advice, counselling, medical care, psychiatric help and practical and welfare help;

(2) to provide short-term intervention which can be seen as crisis intervention, or problem-solving, or a search for different solutions to current problems;

(3) to offer friendly relationships with adults or young people so as to help those in special need to see their problems and, if necessary, to seek help;

(4) to offer a referral service to special facilities where necessary and to help young people to use them more effectively;

(5) to offer alternative creative opportunities to those unable or unwilling to use those that exist, such as theatre workshops, free schools;

(6) to stimulate the community to widen the opportunities for the participation of youth in the life of the community;

(7) to direct young people to undertake more social action for themselves in the recognition that their problems are a reaction to social problems that must be solved;

(8) to interpret the needs of youth to traditional institutions and to promote among the adult staff members of these institutions a greater responsiveness to the changing nature of social problems and personal needs;

(9) to analyse, evaluate and present the situation to other professionals, especially local and central government administrators, and other relevant decision-making bodies;

(10) to provide information and suggest health education initiatives for the public, professions, parents and young people;

(11) to complement and supplement other agencies concerned with youth, and its problems.

## 5. FUNDING AND PROGRAMME CONTROL

This subject was seen as crucial to the development or decline of new services. The discussions highlighted both different national policies and different perceptions of the issues at stake as held by people working at street level or at government level.

Patterns of funding have varied and have included the voting of money at both national and local levels through traditional agencies, voluntary organizations and newly formed groups. By tradition, services for youth tend to cut across traditional agency responsibilities, so there has been the added problem of deciding which agency should take the responsibility and assume the leading role. This has resulted in delays and even lack of agreement about which department should initiate action. At the local level, groups have sometimes taken pains to define their aims in terms of the most likely agency to be able to help, perhaps envisaging a social, an educational or a medical model as being most in keeping with known local political and professional interests.

In most countries voluntary organizations have played a major part in planning services and obtaining financial support. After proving the success of these new ventures they have turned to central government and local government for continuing support. In some countries there is considerable commitment to funding and fostering new initiatives. Central money has been available in most countries for research and development of new experimental services, so that a few services have been set up and evaluated. It has been anticipated that this sort of funding is for a limited period and that when the service has proved that it is needed, efficient and effective, local funding would then take over. This has given rise to problems in cases where consultation with local interests and consideration of local needs has not taken place initially, thus giving rise to uncertainty and difficulty in planning and developing a centre on a short-term budget.

Some groups developing new initiatives have taken very different views about financial backing and have decided not to seek official funds since they fear interference in their policies, while others can see the need to forego some degree of autonomy in order to retain or obtain funding.

This threat of interference was a matter of very real fear to many participants in the Working Group. It was felt that, in seeking to evaluate these new services, official bodies were not only inquiring into the efficiency of their administration and organization but were also seeking to examine their operational policies and criticizing such factors as anonymity and flexibility. The increasing demand for documentation was seen by some as constituting a threat of bureaucratic domination and of interference with creative responsiveness; financial restrictions at a time of economic crisis were, it was felt, sometimes being used as an excuse for closer supervision. This tendency could also represent a reluctance on the part of the authorities to accept the ideology and aims of innovative services.

This particular issue is further complicated by the role taken by some services, in particular by those seeking to engage with youth outside society or to undertake radical changes in society. They have to consider the extent to which a government is able, or can be expected to support experimental measures that involve some degree of risk. How far can these services go without endangering either the common good or their financial backing, and to what extent can governments set limits to social action? One government has taken a lead on this issue and has stated that social action should be closely related to the problems of individual persons and that it should be within the limits of the law.

It was appreciated that these new initiatives need to be seen as credible, efficient and effective in delivering a service, that self-appraisal and evaluation are necessary, and that some degree of control is therefore essential and inevitable. It was hoped, however, that they could be allowed to remain relatively independent in deciding their own operational policies, even though the use of public funds necessarily entailed some degree of accountability.

In the discussion concerning evaluation for funding purposes, the point was made that new services are often subjected to stricter evaluative criteria than existing services which have been less stringently evaluated and have been found to be generally acceptable. Is it possible or desirable to develop simple evaluative techniques and draw up guidelines without intruding too far into the operation of these services or undermining their originality?

The question of priorities was also discussed in relation to central and local government funding. This raised fundamental issues such as that of the relative priorities of traditional and non-traditional services, of services for all groups of young people as opposed to services for specifically defined groups, high-risk groups, marginals or disadvantaged minorities. Should priority be given to inner or to outer urban areas, to housing, to education, to health, to social control or to social welfare? It is essential for political, professional and economic advisers, when deciding upon priorities, to be aware of experience in the field, since public opinion, professional attitudes and political, social and economic considerations will dictate the answers to these kinds of questions, which will vary from country to country, place to place and from time to time.

Finally, it was realized that decision-taking on resource allocation is far from straightforward, particularly where services do not arise from statutory requirements. In these circumstances determining priorities, defining policies and judging services will inevitably be very closely related to financial considerations and to the central or local government body's perception of the ways in which a certain agency responds to and meets certain needs.

## 6. ORGANIZATIONAL FEATURES

The term "youth advisory services" has been used to describe a variety of initiatives, which include the provision of some or all of the service functions described in a variety of settings. Each one is unique, depending on the influence of local circumstances, charismatic personalities and current schools of thought. However, certain organizational features were seen as an integral part of the most flourishing centres.

The choice of location within the community is vital, so agencies providing traditional services have often used land and buildings already available to them, whereas new agencies have sought out buildings which are nearly all old and easily adaptable, situated in areas where the problems are most acute, close to shops, schools, cinemas, in city centres, conurbations and areas of social disturbance. They should be easily accessible by public transport, easy to find and be known locally through advertising and public relations activities. The location may vary depending on the different tasks of the various types of centre, and on local opportunities.

The buildings and furnishing should be acceptable and attractive to young people and reflect the attitudes of the staff, so that the young will wish to enter and feel free to communicate.

Availability is also a crucial point; the service should be open at those times that most suit the needs of the young people. It has been found desirable in some cases to arrange a 24-hour emergency contact service, at least through a telephone service.

These factors have enabled a spontaneous and flexible service to be given to young people, with the possibility of maximum personal interaction in an environment that provides a holistic approach to each individual.

These services have been developing a horizontal organizational structure rather than a hierarchical one, since it is thought that this will provide greater possibilities for development and decision-taking. The aims of each organization have to be defined, conflicts in ideology examined, treatment methods devised, limits, both internal and external, set, communication between staff and clients facilitated, and priorities relating to the internal use of funds and resources decided.

The interdisciplinary way of working and the subsequent reappraisal of roles has led to new challenges for the staff concerned, as well as increasing their ability to meet those challenges. Personal qualities, interests and skills are often seen as more relevant than professional qualifications. This has led to the consideration of a need for a similar salary structure for all members working in an interdisciplinary team. This presents problems with regard to professional bodies maintaining standards

of practice, training and ethical safeguards, and also raises questions of staff motivation, satisfaction and length of service.

The question of size and the increasing complexity of services within an organization may produce bureaucratic solutions, which must be resisted by breaking up the internal organization into smaller groups that will continue to allow interaction in a personal way.

A horizontal organizational structure within an agency working with youth, especially deviant or marginal youth, will face problems of responsibility and accountability. One person in charge must accept responsibility upwards but he has also to work to increase and improve the quality of the decision-making process so that authority may be delegated downwards to allow autonomy and validity of group decisions. There is, furthermore, the problem of responsibility to the community, since the organization does not exist in isolation from its surroundings.

Considerations about organizational structure present a paradox. There is a need for organization and structure if these new ventures are to respond to the changes brought about by developments outside themselves, but the fear has been expressed that, in creating organizational structures, centres will become less flexible and less able to respond to changing needs.

## 7. STAFFING

### 7.1 General matters

Staffing patterns vary considerably, according to the basic philosophy of the centres concerned, the original basis for development or the specific nature of the service given. Staff may be professional, non-professional, paid, unpaid, full-time or part-time. The professionals include both mental health personnel and others in the traditional auxiliary professions, medicine, nursing, social work, religion, law and teaching. The non-professionals include people from the local community, students, and newly qualified graduates. Students, in particular, find that work in youth advisory centres is of value to them in their training and provides useful practical experience. The centres also benefit, in that students subsequently take with them a heightened awareness of youth problems when they embark upon full-time professional careers in a wide variety of fields. There is considerable variation between those centres with highly trained mental health professionals, those with more general professionals and those employing mainly non-professionals, depending on priorities and aims.

The staffing aspects most discussed have concerned the use of non-professionals, the relationship between these and professionals, the place of mental health professionals and the use of consultants.

There has been much reluctance in the past to use non-professionals, because of doubts about their ability to maintain confidence, and adequate standards of ethical behaviour and professional conduct. There is no real criteria for selecting suitable non-professionals, but certain areas have been described as essential. Selection procedures need to consider applicants' emotional stability, maturity, ability to retain confidence, and a desire to become committed and involved. At the same time, they must show an ability to put the needs of the centre before their own needs; to be able to accept locally established attitudes and values; and to be able to be trained for specific functions and to develop awareness and sensitivity. Sometimes centres have found it difficult to set limits and define expectations where non-professionals and volunteers are concerned. The non-professionals tend to be younger - often they are students or newly qualified graduates - and are welcomed in that they contribute and stimulate fresh attitudes, give a direct view and provide critical feedback. Often they are able to identify more easily with young people and to lessen the authority gap. Personal enthusiasm, a sense of commitment and a willingness to experiment have been regarded as more relevant than traditional professional status. The non-professionals tend to be under 35 years and the professionals over that age. Along with "anti-professionalism" there has been in some agencies a declared "anti-psychiatry" stand. This may have come from a lack of faith in psychiatry and from unmet expectations concerning its value in treatment. This attitude is, however, rationalized by the argument that to call in a psychiatrist is to prevent the agency valuing and supporting people as they find them, and that in using a labelling process professionalism will come between the worker and the client. This is an attitude that mental health workers would find unacceptable and stemming from an uninformed view of psychiatry. It has frequently been responsible for the failure to make use of the services of mental health consultants.

Nevertheless, mental health consultants have been used by many agencies and their contribution has been much valued. Consultants can be extremely valuable in advising management boards in staff selection, staff training and support, and in providing back-up counselling in individual cases. They can also take part in the search for new solutions and give professional support and recognition as representatives of the community. However, not every mental health professional is either trained or able to function in these ways and pains must be taken to select the right consultant who will give support, relieve anxiety and contribute towards the independent development of the centre. Both professionals and mental health consultants have an important part to play in the further utilization of non-professional workers, hitherto, a relatively untapped source of skill within the community, especially as the demands on mental health and social services increase and there is a relative limit on the manpower available to meet these demands.

## 7.2 Training and supervision

These were considered together, since it is difficult to separate these two activities when there is in-service training. Training has been developing, but there is still not a fully explored philosophy on training for new youth advisory services, as to what should be taught, where and when, by whom and by what methods. Most centres have provided an initial induction and orientation period and then a period of apprenticeship and ongoing in-service training and other professional training in counselling. This may be best described under three headings, didactic, practical and experiential. Didactic training draws on the behavioural sciences, using lectures, films and visual aids, and group discussions aim to provide a factual and theoretical basis. Practical training includes both field and laboratory work, such as role-playing and tape analysis, supervision to increase skills and, finally, experiential training uses role-playing, retreats, group sensitivity activities and encounter groups to increase personal awareness and sensitivity. Training therefore seeks to give a background of knowledge, increase skills and develop appropriate attitudes. It takes place on three distinct levels, personal, group and organizational, by means of individual and group supervision, case discussions and interdisciplinary discussions, seminars, workshops in behavioural sciences and sensitivity training. Training also takes place through staff meetings at which the aims and basic philosophy of the centre are reappraised and reassessed. Training facilities are sometimes made available to workers in other agencies and schools.

## 7.3 Staff support

This is an important issue, particularly for those working in new services which lack the support of traditions and structures and well established values and standards. Staff tensions arise from ill-defined aims, poor communications and ambiguities of aims and limits and constraints. Many centres have reported problems of high staff turnover and staff "burn-out" which result from being intensively and extensively involved with youth in distress. Mental health consultants have been used to help staff look at their own personal position in the centres and to help them work towards a common understanding of aims and values, thereby improving communications and cooperation and facilitating effective interaction with clients, with the community and among themselves. Staff must be aware of their own motives, which may be complex, so that they do not use clients as a means of resolving their own problems or even create an alternative society which could keep their clients alienated from the mainspring of society. Staff in these new services are vulnerable and may even be naive and too trusting, as a result of which they may be manipulated and exploited by skilful young deviants.

They may be uncertain about the level at which intervention can or should take place, and may require knowledge about techniques that are available and being developed. They may over-identify with their young clients and lose insight into their problems; they must recognize the

possibility of collusion and manipulation and the need for confrontation with the deviant aspects of the young. They must be helped to see their own personal limits during interaction with their clients, since potentially damaging situations can arise. Staff working as detached workers are likely to be most at risk and to need additional physical and mental stamina. Their work is lonely, frustrating and shows no easy returns, in fact more than any other workers they need the support of a team base and of other staff. In fact, all staff need the sense of confidence derived from working as a group that has common aims and understanding, a strong support system, and is able to examine the ambiguities created by working in new ways on the fringe of society.

## 8. RELATIONSHIPS WITH OTHER SERVICES

### 8.1 General

Youth can be neither understood nor helped in terms of one philosophical approach or of a single professional discipline. People confronted with a complexity of needs have seen that there is no one simple solution. A variety of relationships, both within an agency and with other agencies, is vital. Certain basic differences between new centres and traditional services have been identified, which inevitably have given rise to difficulties in relationships. These differences relate chiefly to the type of approval adopted by centres, ranging from the conventional to the innovative.

| Dimensions | Conventional pole | Innovative pole |
|---|---|---|
| 1. Ideology | conservative; pathology- or change-orientated | radical; growth-orientated |
| 2. Techniques | psychotherapy and other formal treatments | participation, counselling |
| 3. Staff | highly skilled professional; involvement limited | non-professional with limited skills; involved |
| 4. Staff/Patient | roles strictly defined | roles vague |
| 5. Intake | defined groups | self-selecting |
| 6. Location | therapist's territory; conventional | client's territory unconventional |

| Dimensions | Conventional pole | Innovative pole |
|---|---|---|
| 7. Access | formalized; fixed hours | informal; flexible hours |
| 8. Confidentiality | may include parents, etc. | anonymity |

8.2 With the community

Since the centres aim to work with the community rather than in isolated institutions, the external relationships of a centre assume considerable importance. The community's reaction has varied from acceptance to local protest and confrontation. It has been hoped that the community can adapt to new developments in social structure and personal relationships, modify its attitudes, accept new responsibilities and take social action. Treating alienated and disenchanted youth within the community puts a considerable burden on the latter and provides a challenge that has become more urgent and immediate. Can and will the community accept this challenge, and indeed to what extent should it be expected to be tolerant? A great deal depends on the kinds of information, image and links that the centre develops with the public and with a variety of external organizations.

It is therefore important for people to know about any new service and for informed opinions to be developed. This has involved centres in advertising and public relations exercises. Various methods of advertising have been used, including radio/television spots and programmes, newspaper advertisements and articles (especially in alternative society's special papers), posters, especially on buses, arrangements with other local agencies and the distribution of eye-catching brochures and pamphlets. This is an interesting aspect of the developments and merits full consideration since it is part of image-building, and may determine the attitude that the community takes towards a particular centre. On the other hand, it has been pointed out by some agencies that the demand for and use of their services is already so great that they must avoid any form of advertising since they would be unable to respond to the resulting increased demands.

Relationships with the community have assumed importance in determining the viability of centres. Any true community service has not only to be locally determined, based and managed to meet local needs, but also needs to be open to public scrutiny and acceptance and to meet the requirements of clients within the community framework. In particular, if it is to be established and recognized and used as a part of a total network of services for youth, it must define its role clearly and be seen to conduct its affairs in a responsible manner.

8.3 With its committee board

This aspect was touched on only very briefly, but is important. Most centres have found the need for some form of committee management or advisory body. The committee's composition can be crucial to the image the centre presents and also to the skill with which it negotiates. There is a need for professional advice, legal, medical, psychiatric, economic and political, drawn from local community sources and including people of local influence, and for some means of ensuring consumer participation at this level.

The committee's task is to aid the general development of the centre, procure resources and monitor their use and enter into dialogue with external and internal interests of the centre, so as to establish a political, legal and social framework for their intervention, bearing in mind that these centres offer a service in the context of both public and professional sensitivity to issues related to the control and treatment of youth, especially deviant youth. Such committees have been used to reconcile the dictates of government policy and the experience and outlook of workers closely involved in day-to-day decisions. These workers may see policy-makers as too remote, out of touch and not fully comprehending the dimensions of the task.

8.4 With other agencies

Differences in aims, attitudes and methods of working have given rise to problems between agencies owing to lack of understanding. However, there have been interesting developments in which the new services have been able to communicate with and stimulate changes within an established organization. For instance, they have pointed the way to making reception, treatment, physical surroundings and staff attitudes much more in keeping with young people's expectations. Similarly, staff in new services have had to alter their own attitudes to changing traditional services. Innovations are taking place in traditional services, and innovative services can themselves fail to adapt and become outdated. Several agencies have described the setting up and operation of standing committees made up of people from all agencies in the district, police, teachers, doctors, magistrates, social workers, etc., the result being that each member becomes more familiar with the tasks and work settings of the others. This has posed questions about the level at which interagency communication should take place; it has been fruitful at higher levels, but little information has passed downwards in hierarchical agency structures. Mention was made of the need to use respected professionals in interagency communications. Communication and interaction between agencies were discussed, especially among social welfare agencies, the police, educational, medical and psychiatric services.

In particular, there was some discussion of the relationships between the police and unattached workers and with those centres taking in marginals who feel most at risk. There is a need for communication

and understanding, without compromising the worker in the eyes of the young person, and a realization of the delicate situation arising in this area when the young person shares with the worker information that would be of use to the police.

Relationships with psychiatric services were of particular interest. It is too early yet to spell out clearly whether they should be part of community mental health services or be separate. Both solutions have validity, but in each case there is a need for defined links with psychiatric treatment services.

Agencies offering new services have realized that they cannot meet all needs and that in any case young people should, by right, have access to all the resources of their neighbourhood. There is a need for newly established services to know about and communicate with all other services for youth, so that a comprehensive network of services can develop, each being both complementary and supplementary to the other, and planned as part of a therapeutic chain.

## 9. PREVENTION

Many claims can be made for preventive action and it is considered desirable, but there is difficulty in devising programmes and evaluating success in this area. The main aim of prevention could be described as seeking to improve the social, physical and mental well-being of the whole community, or, to use a less wide definition, paying attention to groups of people thought to be at risk. It cannot be proved that intervention in specified aspects of the environment will prevent such phenomena as delinquency, drug taking, early neurosis or mental breakdown and illness. However, the hope must remain firm that by improving social conditions, family relationships and child rearing practices, education and working conditions, the quality of life will be improved and people will be able to develop to their true potential and lead full and creative lives.

It is unlikely that radical changes can be effected in the ways in which our lives are arranged or our society structured, and consideration should therefore be limited to what is possible. Prevention can take place in less global ways, using both specific groups and individual contacts. This possibility was examined using Caplan's concepts of levels of prevention, the challenge being to devise modest schemes that could be susceptible to good evaluation and designed to answer questions about:

(i) the timing of intervention and treatment - does early intervention in adolescence in fact prevent the later onset of unnecessary and costly ill health in adult life?

(ii) what implications are there in the findings and work of the innovative services for cost/effectiveness analysis of the use of resources at a primary level rather than at secondary and tertiary levels?

(iii) does the intervention and early detection at a primary level have implications for the subsequent need for resources that cannot be met?

There is at present no way of answering these questions, but certainly research is recommended in this area. More general issues related to prevention were then discussed.

9.1 Primary prevention

This aims at raising the general level of mental health within a community, and within special high-risk groups in particular. The youth advisory services have used young people themselves and ex-clients as communicators and information carriers in an attempt to influence their peers. They have sought also to help parents and others in their response to the young, since it has been said that the problems of adolescence are in reality the problems of middle age. They have also tried to make available to workers and agencies new perspectives on the life style of young people and a deeper insight into their needs, so that the methods used to assist them may be more therapeutic. Also they have sought to sensitize agencies, administrators, planners, architects and social policy makers to the needs of youth and the community's role in meeting those needs. On an individual level, they have worked with youth to provide help at an early stage, and stimulated the community to provide opportunities for social, educational, personal and recreational facilities. This has meant going out into the community, schools and organizations, and arranging lectures, seminars and discussion groups for workers with young people so that they may work more effectively within their own organizations. Another most important contribution is to reaffirm the need for services for the under-fives and their parents.

9.2 Secondary prevention

This describes the activities of case-finding, early diagnosis and treatment. Certainly services have contributed much in this way by making contact with youth during times of crisis, by contributing to new solutions and the successful resolution of crises and improving problem-solving and adjustment. This may well have prevented further crises, faulty adaptations and the possibility of breakdown. It has been the aim of very active services, in picking out young people with more specific needs, to provoke and press for the development of specialized services, since it has not seemed acceptable to seek out problems and then be unable to provide some answers. Screening, early case-finding, referral and treatment have to be considered as part of a continuous process.

9.3 Tertiary prevention

This is the provision of longer-term support and consolidation of treatment so that disorders, disadvantages and disability are minimized and the young person is helped to adjust to life. Again, new services have contributed their knowledge and understanding to those agencies undertaking work at this level of rehabilitation.

9.4 Quaternary prevention

This was discussed in particular reference to those severely disadvantaged young people for whom many traditional agencies can neither provide help nor make available new responses. These people need treatment/care but are seen as unhelpable, untreatable and unmotivated. In this group are included some marginal and unsocial people, such as drug takers, delinquents, deviants and severely disordered personalities (the case labels used by traditional agencies). Youth advisory services are providing some new hope for these people and making new attempts to improve their situation by offering relationships with staff who see them as needing care and consideration and meriting attention.

9.5 Health education

This was discussed both in the widest meaning, that of education for living and in its specific application to the initiatives that are undertaken in special fields, such as drug and alcohol use, smoking and sexual information. Health education is directed both at key figures in the environment and at the individual, so to consider either one of these targets alone is to misunderstand the nature of the process involved in changing attitudes and behaviour.

It has been observed that the process of attitude change is a highly complex matter involving a multitude of variables. Change depends not only on information but is affected by the person presenting the information, the way in which it is perceived, the form in which the information is conveyed, the circumstances of the delivery and manner of presentation, the attributes and affiliations of those receiving the communication and the function this information performs in their lives. To achieve successful impact, health education needs also to take account of the functional significance of the behaviour and attitudes it seeks to ameliorate or change.

Experiences gained by workers in the new services were put forward to underline those fundamental aspects of health education, and to emphasize the need for it to be conceived in terms of valued group norms and loyalties and be supported by a real understanding of youth. The main point made was that current programmes should not be set up in isolation, concentrating on one aspect such as drug taking or sexual behaviour (there has, in fact, been an overdose of too highly selected information); attention should be given instead to a comprehensive approach that includes family, personal and sexual aspects of relationships and responsibility.

## 10. EVALUATION

### 10.1 General remarks

Great emphasis was placed on the need for, and difficulties of, evaluation. In particular, in describing and, hopefully, promoting the development of new services we need to have certain basic information about the characteristics of people seeking help, about the organizations set up to meet their needs, and about the activities of the various centres, as well as some assessment of their usefulness and effectiveness. It would also be interesting to know what happened to those that failed, why they failed, and to discover if there was some inbuilt factor that inevitably led to their failure.

### 10.2 Record-systems, data collection and statistics

The attention paid to these activities has been at different levels. Some organizations have recognized their value and attached considerable importance to drawing up basic data collection procedures. However, this has often been done without properly considering the purposes for which the data could be used, since different uses imply the need for different types of data collection. Are data to be used to compile reports to committees, to justify further funding, to enable greater help to be given to clients, or to adjust organizational features? Questions have been raised about confidentiality, about who should compile, hold and have access to records, and about how much information would, could or should be made available to other agencies.

Some centres have regarded record keeping as unnecessary, while others have collected too many items and too much information without regard to a retrieval system. It could be that the degree and sophistication of data collection and record keeping may be an indicator of the level of development and maturity of an organization. If evaluation is to take place, attention must obviously be given to the nature and type of items to be recorded and to the way this is done; overall planning must take place to ensure that self-defined criteria may be built in for judging the service and for ensuring that allowance is made for the retrieval of items and the use of basic data for the compilation of statistical information. A lack of basic data and statistical analysis makes it difficult and almost impossible to carry out planning, evaluation, monitoring and policy-making.

### 10.3 Research

There is a lack of comparable and baseline data needed for evaluating the service delivery of any one clinic or for drawing comparisons between centres. At present, therefore, it is very difficult to define even minimally acceptable standards. It would seem important, however, for future development to attempt to assess the nature of a new form of service delivery, and its effectiveness. This presents difficulties that are

partly general and partly specific. In general, the techniques for psychosocial research and for service delivery studies are only developed with difficulty, although interesting initiatives are being made in the field of operational research. However, these innovative services present particular difficulties as well. There is a lack of clear definition of policies and therefore doubt about the criteria to be used for judging their effectiveness. This is particularly true of so-called preventive services, where there are problems in defining criteria for social functioning and measuring success, or even in defining what is meant by success, also in deciding what elements in a package of services may be the crucial ones in producing success. There is, furthermore, a lack of hard data and statistical information and often a feeling on the part of those working in centres that the collection of data is too time-consuming and that filling in forms is too "formal" an activity. Also, anonymity, flexibility and the lack of diagnostic labelling result in an absence of precision.

10.4 Evaluation

Evaluation should be undertaken in order to answer some most basic and vital questions. These would include:

(a) within a service

(1) What are the characteristics of people using the service (age, sex, educational status, general groups, special groups)?

(2) What problems are presented to the service?

(3) What is the method of contact: telephone, outreach, walk-in? What is the extent of community knowledge of the centre? How much advertising is there?

(4) What is the length of contact and the number of visits?

(5) What kind of activities are carried out: telephone interview, group?

(6) What kinds of staff are used?

(7) What sort of training do they have?

(8) What kinds of support staff are used?

(9) What is the outcome and effect on social functioning?

(10) How numerous are referrals to other services? How is referral organized?

(11) What is the degree of customer appraisal and appreciation?

(12) How high is the quality of the care offered?

(13) What is the centre's cost-effectiveness rating?

(14) Is there a self-evaluation programme which defines criteria?

(b) in relationship to other services

(1) Does the service meet a need not met in other ways, or by other services? To what extent does it attract people who do not use other services?

(2) Has it redefined its role in relation to other services as changes take place?

(3) What is the nature of relationship and cooperation with hospital and community resources?

It can be seen that evaluation may cover many aspects of both the philosophy and the external and internal operations of a service. It can be conducted according to different methods, such as self-evaluation systems or research by outside teams. Evaluation is necessary for:

(i) adjusting working methods and quality and quantity control;

(ii) justifying or encouraging further funding;

(iii) judging consumer appreciation;

(iv) defining the usefulness and appropriateness of the service.

Finally it must be said that, from the point of view of research and evaluation, these services represent a challenge to any investigator. It could be that user consumption and satisfaction are in themselves an indication of youth's need for these new forms. Nevertheless it is hoped that descriptive studies, simple service evaluation and more sophisticated research programmes will be developed.

## 11. STRATEGIES FOR DEVELOPMENT OF SERVICES

Considerable interest was shown in the process of setting up a service and the ways in which new initiatives have developed; information was gained both during the consultants' visits and from individual contributions during the meeting of the Working Group. Developments have varied

considerably, some have been seen to flourish and others have proved to be of an ephemeral nature.

Successful projects have shown the value of paying attention to certain processes in the action of organizing a new kind of service, so-called community action processes. These include, at first, the focusing of attention and interest on an unmet need within the context of an existing social system and then relating this to past and present initiatives in the neighbourhood. Initiation of action has then to be sought through dynamic characters with personal authority, or in prestige positions with a right to mobilize social action, or in a position of influence. Sanction from the community is then needed so that a stamp of approval may be given by people of note and funds and political support given. At the same time, it is important to be aware of sources of resistance within the community and to work with them to overcome the difficulties raised.

At this stage it becomes possible to begin to define a plan of action for the organizational development strategy to cover a series of decisions about the membership of the organizing committee, the control functions and the resources needed and available, and to draw up a definite statement about the goals of the service and the policies and programmes that need to be developed to implement these aims.

In many cases too little attention has been paid to the need for this early formulation and continuing evaluation and reformulation of aims, so that projects successfully started failed during the stages of implementation and development. Other reasons for failure have included police action, community protest, internal dissensions, lack of staff and organization and financial difficulties resulting from short-term funding. There is much still to be learnt about setting up new community programmes, especially for youth, in a pluralistic society where public, parents, professionals, police and politicians have implicitly and explicitly very different hopes and expectations of any new programme, and where staff motivation, strengths and skills are severely challenged.

## 12. ISSUES FOR FURTHER CONSIDERATION

During the meeting, recent developments and issues of current concern were described by country, and are summarized here as they serve to illustrate a phase of early consolidation and appraisal of organizational features at different planning levels. They represent also general issues of current and future concern needing both continuing discussion and further evaluation.

(1) Public, private, professional and political debate to encourage the formulation of ideas and thinking that goes into the devising and implementation of social policy;

(2) the determination of priorities across government departmental boundaries, so that goals may be selected, intervention discussed and resources allocated;

(3) the role of governmental departments in promoting policy and good practice, and the nature of support, approval, funding, regulations, quality control and information systems;

(4) the development of national professional organizations of youth counselling and advisory services with the aim of setting ethical and professional standards, providing advice on training, and undertaking central data collection and disseminating information;

(5) the range of services within an area - either a mosaic of interrelated facilities or one centre offering many services, and their relationships;

(6) ways of setting up new programmes and developing community action through voluntary bodies and self-help action groups;

(7) the nature of the relationship between new services and mental health services - either interdependent and closely related, or quite distinct with defined links;

(8) the nature and extent of intervention provided within an agency, short- or long-term contact, nature of contact, and level of specialization available;

(9) service delivery problems in responding to the needs of marginals and unpopular groups;

(10) emphasis on a move from symptom therapy to cause therapy and from secondary to primary preventive mental health care; on the needs of under fives and young families;

(11) discussions on treatment and what constitutes advice, befriending, counselling, support psychotherapy and psythotherapy; what types of treatment for what kinds of people;

(12) continuing need to explore methods of reaching vulnerable and disadvantaged people and meeting their needs.

## 13. CONCLUSIONS

Youth advisory services are seen as innovative patterns for delivering services which attempt to meet new needs and explore new methods in meeting the general needs of youth as well as to provide community action in areas of social turbulence.

They are seen as a challenge to the traditional ways in which society views youth, perceives its needs and attempts to provide services.

They have attempted to sensitize the public, professionals, planners and politicians to the overall need for a coordinated national policy for youth. Youth has no national spokesman except youth itself.

They have shown the possibilities of a new response system that is able to take notice of the context in which needs arise, and the manner in which they are made visible; and to respond to the implications for planning and service delivery.

They have provided a base for community action, where dialogues may take place, action may proceed and continuing support may be given to unusual and imaginative outreach and treatment programmes.

They have explored the possibilities of making more effective use of resources and of developing resources from the skills available in the community.

They have emphasized the need for a common conceptual framework in which local facilities for youth (leisure, education, social services, health, judicial) may take a unified approach to the planning and development of coordinated services. This will require the development of strategies to facilitate collaboration and shared training schemes.

They aim to explore and endorse the value of preventive health services, including new strategies in health education and to contribute, through the feedback of information, to the development of services for youth that spring from a consideration of young people's needs and of the way in which the young view their own problems.

Finally, in stressing the positive features, it is important not to minimize the difficulties and dangers that have arisen as these new services have developed in an atmosphere of social pressure, experiment and enthusiasm.

## 14. RECOMMENDATIONS

(1) Youth advisory services, although initially focused on special problems such as drug taking, should not be restricted to dealing with these problems, but should increase and broaden their objectives in terms of primary prevention and develop other forms of community, vocational, social, recreational and self-help programmes.

(2) Traditional services for adolescents and young people could be inspired by the new approaches and strategies already experimented with by youth advisory services.

(3) Youth advisory services need to remain innovative and flexible in adapting their objectives and strategies to the changing needs of youth.

(4) Government bodies funding youth advisory services should appreciate their specific role, and should be aware of the limitations of conventional institutions and of the existing standards and conditions in society. Financing should not be used as a policy-determining factor and the need to adapt to changing situations should be recognized.

(5) Youth advisory services need to continue to develop training programmes, both for professionals and for voluntary workers, and to expand the practice employed in other teaching institutions (medical, nursing schools, schools of social work) of using youth advisory services for training their students, where this is in compliance with their goals and project requirements.

(6) While there are general and specific methodological difficulties in evaluating the services provided by youth advisory services, such evaluation should be done by outside experts, should take into consideration the experience and opinions of consumers and staff, and should be focused not only on follow-up studies but on the specific objectives of each service.

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ANNEX 1

## AGENDA

1. Objectives of youth advisory services
2. Functions and administration of youth advisory services
3. Relations to formal services; financing
4. Staffing patterns
5. Evaluation

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